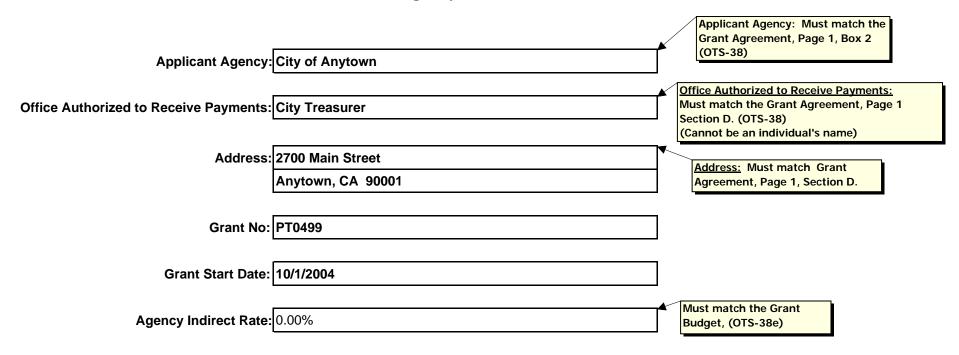
Agency Information



STATE OF CALIFORNIA OFFICE OF TRAFFIC SAFETY

GRANT CLAIM INVOICE

For work performed under provisions of the California Vehicle Code, Chapter 1492 and the Public Law 8-564, Highway Safety Act of 1966 as amended

7000 Franklii Sacramento,	in Bouleva	ard, STE 440						Progress: X
FROM:	City of A	nutoum						
Agency Name: Office Authorized to	City of Ar		_					
Receive Payments:	2700 Mair		_					
	Anytown,	CA 90001						_
Gra	ant No:	PT0499						Claim No: 1
Detail of Costs Repo	orted From	(Grant Start Date):		Octo	ber 1, 2004	thru	Dece	ember 31, 2004
			_	TOTAL COST TO DATE	LESS F			NET AMOUNT THIS CLAIM
PERSONNEL COST	ΓS			11,567.00		0.00	0	11,567.00
TRAVEL EXPENSE				2,000.00		0.00	0	2,000.00
CONTRACTUAL SE	RVICES			313.00		0.00	0	313.00
EQUIPMENT				0.00		0.00	0	0.00
OTHER DIRECT CO	STS			7,455.26		0.00	0	7,455.26
INDIRECT COSTS				0.00		0.00	0	0.00
TOTAL REIMBURS	ABLE AGI	ENCY COSTS	\$	21,335.26	\$	0.00	00 \$	21,335.26
I CERTIFY that I am du true, correct, and in acc amount claimed above	cordance wi	ith the contract provis	sions;	that funds were exper	ende <mark>Official, o</mark> gh th <mark>Agreemer</mark>	tch either or Fiscal O nt, Page 1	the Gr Official a	rant Director, Authorizing as listed on the Grant gram Manual, Chapter 5.2.
SUBMITTED BY: J			·		Chief of Po			
		Title: Grant Director/ <i>i</i>		orizing Official/Fiscal C	Official as liste		Signatu typed a	ure must match the name
OTS OPERATIONAL	L REVIEW	:				DAT	ED:_	_

STATE OF CALIFORNIA OFFICE OF TRAFFIC SAFETY

GRANT CLAIM DETAIL

Agency Cit	y of Anytown				Grant	No. <u>PT</u>	0499_	Claim N	lo. <u>1</u>
Period of Incu	rred Costs	October 1	, 2004	Thru _	Decembe	er 31, 200	04		
Personnel Co	osts:								
Position/Position	Position/Persons Assigned Salary			Overtime Benefits			Benefits		<u>Total</u>
2 Police Office	ers		8,388.00				3,179.00		11,567.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
	TOTAL COSTS	\$	8,388.00	\$	0.00	\$	3,179.00	\$	11,567.00
	% Claimed:	aimed: 100% Total Personnel Costs:					onnel Costs:	\$	11,567.00
Travel Exper	ISAS.								
					Tot	tal Cost I	n-state Travel:		2,000.00
Out-Of-State:	(List each trip for	which costs	s are claimed	and individ	luals travelin	ıg)			
					Total Co	ost Out-o	f-State Travel:		0.00
					To	otal Trav	el Expenses:	\$	2,000.00
Contractual :	Services:								
Contractor(s	Youth Coordinate	ator				The continuous (attached	s) must be		
					Total Invo	 piced (Att	ach Invoice(s)		313.00
						nt Reten	. ,		0.00
							ual Services:	\$	313.00

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EQUIPMENT : Invoiced Amount (Attach Invoices and Equipmen	EXHIBIT 5-A adsheet Sample		
Item(s) Purchased	Ciaini Spre	ausneet	Sample
		1	
	Attach invoices and		
	Equipment Report (OTS- 25).		
	Total Equipment Costs:	\$	0.00
Other Direct Costs:			
Item(s) Purchased/Charged			
Printing			1,502.36
Computer with Printer			3,598.75
3 PAS Alcohol Testing Devices			2,354.15
		-	
	_		
		<u></u>	
	Total Other Direct Costs:	¢	7 455 00
	Total Other Direct Costs.	Ψ	7,455.26
Indirect Costs:			
Base (i.e., Salaries, Total Personnel Costs) Approved Rate: 0%	\$ 11,567.00		
	Total Indirect Costs:	\$	0.00
	TOTAL AMOUNT CLAIMED:	\$	21.335.26